

# NOTIFICATION DATA FOR UNDERGROUND STORAGE TANKS

## FACILITY DATA

FACILITY ID NUMBER: 4-260087

OWNER'S ID : 291

DATE RECEIVED : 07-02-91

NOTIFICATION TYPE : Amended

NUMBER OF TANKS : 3

### OWNERSHIP OF TANK(S):

Name : R H SMITH DIST CO, INC

Mailing Address: 315 ~~E MAIN ST~~, PO BOX 6

City : GRANDVIEW

Phone: (509) 882-3377

State : WA

County: YAKIMA

Zip Code: 98930

### LOCATION OF TANK(S):

Name : SMITTYS ~~SELF-SERVE~~

Street Address: 102 E TOPPENISH AVE

City : TOPPENISH

County: YAKIMA

State : WA

Latitude: NOT MARKED

Zip Code : 98948

Longitude: NOT MARKED

OWNER TYPE : Private

### INDIAN LANDS :

Reservation/Trust Lands: YES

Owned by Tribe : NOT MARKED

Name of Tribe/Nation : YAKIMA

### FACILITY TYPE(S):

Gas Station

### CONTACT PERSON IN CHARGE OF TANKS:

Name : ~~RICK SMITH~~ SUSAN SMITH

Address: ~~3506 FRUITVALE BLVD~~ P.O. Box 6

City : ~~YAKIMA~~ GRANDVIEW

Phone : (509) 453-1432 882-3377

State: WA

Title: ~~VP~~ ENVIRONMENTAL ENGINEER

Zip Code: 98902

98930

### CERTIFICATION:

Name : ~~ROD SMITH~~ Susan Smith

Title: ~~PRESIDENT~~ ENVIRONMENTAL ENGINEER

Date : 06-25-91

### FINANCIAL RESPONSIBILITY:

I have met the financial requirements: YES

Method(s):

Insurance

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature: Susan K Smith

Date: 2-3-94

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FACILITY INSPECTION

CHANGED TO:

E. WINE COUNTRY RD.

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## Tank Data

FACILITY ID*	4-260087	4-260087	4-260087			
TANK ID	1	2	3			
Status of Tank						
Currently In Use	X	X	X			
Temp. Out of Use						
Perm. Out of Use						
Amendment						
Date of Installation	01-01-74	01-01-74	01-01-76			
Age	19	19	17			
Est. Total Capacity (Gals)*	8,000	6,000	4,000			
Material of Construction						
Asphalt or Bare Steel	X	X	X			
Cath. Protected Steel						
Epoxy Coated Steel						
Composite						
Fiberglass Reinf. Plas.						
Lined Interior						
Double Walled						
Poly. Tank Jacket						
Concrete						
Excavation Liner						
Unknown						
Other, explanation						
Tank been repaired?						
Piping Material						
Bare Steel						
Galvanized Steel	X	X	X			
Fiberglass						
Copper						
Cathodically Protected						
Double Walled						
Secondary Containment						
Unknown						
Other, explanation						
Piping Type						
Suction: No Valve						
Suction: Valve						
Pressure	X	X	X			
Gravity Fed						
Piping been repaired?						
Substance Stored in Tank						
Gasoline	X	X	X			
Diesel						
Gasohol						
Kerosene						
Heating Oil						
Used Oil						
Other, explanation						

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## Tank Data

FACILITY ID*	4-260087	*	4-260087	*	4-260087	*	*	*	*
TANK ID	1	*	2	*	3	*	*	*	*
Substance Stored in Tank	*	*	*	*	*	*	*	*	*
Hazardous Substance	*	*	*	*	*	*	*	*	*
CERCLA Name	*	*	*	*	*	*	*	*	*
CAS Number	*	*	*	*	*	*	*	*	*
Mixture	*	*	*	*	*	*	*	*	*
Mixture, Specification	*	*	*	*	*	*	*	*	*
Tanks Out of Use/Chg. Ser.*	*	*	*	*	*	*	*	*	*
Est. Date Last Used	*	*	*	*	*	*	*	*	*
Est. Date Tank Closed	*	*	*	*	*	*	*	*	*
Removed from Ground	*	*	*	*	*	*	*	*	*
Closed in Ground	*	*	*	*	*	*	*	*	*
Filled with Inert Mat.	*	*	*	*	*	*	*	*	*
Inert Mat. Description	*	*	*	*	*	*	*	*	*
Change in Service	*	*	*	*	*	*	*	*	*
Site Assessment Compl.	*	*	*	*	*	*	*	*	*
Leak Detected	*	*	*	*	*	*	*	*	*
Installation	*	*	*	*	*	*	*	*	*
Certified by Manufac.	*	*	*	*	*	*	*	*	*
Certified by Imple. Agn*	*	*	*	*	*	*	*	*	*
Inspected by Engineer	*	*	*	*	*	*	*	*	*
Inspected by Imple. Agn*	X	*	X	*	X	*	*	*	*
Checklists Completed	*	*	*	*	*	*	*	*	*
Another Allowed Method	*	*	*	*	*	*	*	*	*
Method Description	*	*	*	*	*	*	*	*	*
Release Detection	*	Tank	Piping*	Tank	Piping*	Tank	Piping*	*	*
Manual Tank Gauging	*	X	*	X	*	X	*	*	*
Tank Tightness Testing	*	X	*	X	*	X	*	*	*
Inventory Controls	*	X	*	X	*	X	*	*	*
Automatic Tank Gauging	*	*	*	*	*	*	*	*	*
Vapor Monitoring	*	*	*	*	*	*	*	*	*
Groundwater Monitoring	*	*	*	*	*	*	*	*	*
Inter. Mon./Double Wall*	*	*	*	*	*	*	*	*	*
Inter. Mon./Sec. Cont.*	*	*	*	*	*	*	*	*	*
Auto. Line Leak Detect.*	*	X	*	X	*	X	*	*	*
Line Tightness Testing	*	X	*	X	*	X	*	*	*
Other Method	*	*	*	*	*	*	*	*	*
Other Description	*	*	*	*	*	*	*	*	*
Spill and Overfill	*	*	*	*	*	*	*	*	*
Overfill Device Inst.	*	X	*	X	*	X	*	*	*
Spill Device Installed	*	X	*	X	*	X	*	*	*
Installation	*	*	*	*	*	*	*	*	*
Name	*	*	*	*	*	*	*	*	*
Position	*	*	*	*	*	*	*	*	*
Company	*	*	*	*	*	*	*	*	*
Date	*	*	*	*	*	*	*	*	*

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